

Supplemental Application Data Sheet

## Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	ANTISENSE COMPOUNDS, METHODS AND COMPOSITIONS FOR TREATING NGAL-RELATED INFLAMMATORY DISORDERS
Attorney Docket Number::	1506-1035-1
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

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**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: ANDREAS  
Middle Name::  
Family Name:: DIECKMANN  
Name Suffix::  
City of Residence:: BROMMA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing MARGARETELUNDSVAGEN 76  
Address::  
City of Mailing Address:: BROMMA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-167 36

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: ROBERT  
Middle Name::  
Family Name:: LOFBERG  
Name Suffix::  
City of Residence:: DJURSHOLM  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing EKEBYVAGEN 9  
Address::

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City of Mailing Address:: DJURSHOLM  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-182 55

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: OLIVER  
Middle Name::  
Family Name:: VON STEIN  
Name Suffix::  
City of Residence:: SPANGA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: BATSMAN STENS VAG 23  
City of Mailing Address:: SPANGA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-163 41

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: PETRA  
Middle Name::  
Family Name:: VON STEIN  
Name Suffix::  
City of Residence:: SPANGA  
State or Province of  
Residence::

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Country of Residence:: SWEDEN  
Street of Mailing BATSMAN STENS VAG 23  
Address::  
City of Mailing Address:: SPANGA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-163-41

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CANADA  
Status:: Full Capacity  
Given Name:: LIAM  
Middle Name::  
Family Name:: GOOD  
Name Suffix::  
City of Residence:: STOCKHOLM  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing TEKNOLOGGATAN 9B  
Address::  
City of Mailing Address:: STOCKHOLM  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: 113 60

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/407,954	9/5/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0202244-0	7/17/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::